



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

)
Group Art unit: 1647

Lynn M. Adams *et al.*

)
Examiner: R. DeBerry

Serial No. 09/512,260

)
)

Filed: February 24, 2000

) Atty. Dkt. No. 03037.86702

For: **ENHANCERS OF CFTR CHLORIDE CHANNEL FUNCTION**

AMENDMENT AND
RESPONSE TO EX PARTE QUAYLE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Ex parte Quayle Action dated October 20, 2003, Applicants request entry of the following amendments. Claims 1-8, 35, and 36 are pending. Claims 8-34 have been canceled as directed to a non-elected invention. We believe no fees are required for consideration of this amendment. If any fees are required, please charge our Deposit Account No. 19-0733.

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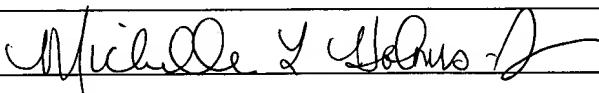
(to be used for all correspondence after initial filing)

		Application Number	09/512,260
		Filing Date	February 24, 2000
		First Named Inventor	Lynn M. Adams et al
		Group Art Unit	1647
		Examiner Name	R. DeBerry
Total Number of Pages in This Submission		Attorney Docket Number	003037.86702

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) w/Exhibits A & B (In Triplicate) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Sequence Listing (paper & disk)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michelle L. Holmes-Son, Reg. No. 47,660
Signature	
Date	December 18, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

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